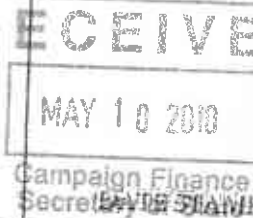


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

Name of Committee Committee to Elect John Emfinger  
Address P.O. Box 56, Brandon, MS 39043  
Telephone 601-942-0122 Fax \_\_\_\_\_  
Treasurer MARY ANN HOOD Email hoodma@bellsouth.net



☐ Check here if above is different from previous report

## TYPE OF REPORT

- ☒ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
 \_\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
 \_\_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
 \_\_\_\_\_ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
 \_\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
 \_\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 \_\_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
 \_\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5850 + \$ 3100	\$ 8950.	\$ 8950.00
Total amount of disbursements	\$ 1966.19 + \$ 96.71	\$ 2062.90	\$ 2062.90
Total amount of cash on hand		\$ 6887.10	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

MARY ANN HOOD  
Signature of Director or Treasurer

5-6-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John Enfinger

Page 1 of 4

Reporting period JAN. 1, 2010 through April 30, 2010

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
DAVID CULPEPPER	4/10/10	\$ 1000.
Mailing Address		
807 Hunter Bay	___/___/___	\$
City, State, Zip Code		
Brandon, MS 39047	___/___/___	\$
Name of Employer (Required)		
	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Fred Harrell	4/10/10	\$ 1000.00
Mailing Address		
306 E. Government St	___/___/___	\$
City, State, Zip Code		
Brandon, MS 39042	___/___/___	\$
Name of Employer (Required)		
	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
G. Todd Burwell, PA	4/1/10	\$ 250.00
Mailing Address		
618 Crescent Blvd	___/___/___	\$
City, State, Zip Code		
Bidgeland, MS 39157	___/___/___	\$
Name of Employer (Required)		
	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
DAVIDSON BOWIE PLLC	4/1/10	\$ 1000.00
Mailing Address		
2506 Lakeland Dr., Suite 501, JAD	___/___/___	\$
City, State, Zip Code		
JACKSON, MS 39232	___/___/___	\$
Name of Employer (Required)		
	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

Page 2 of 4Name of Candidate or Committee John EmfingerReporting period JAN. 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Affram Sellers, PLLC</u>		<u>4/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1062</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones Law Firm</u>		<u>4/10/10</u>	\$ <u>300.00</u>
Mailing Address <u>333 West Porter St</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Granberry</u>		<u>4/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>5301 JAMAICA DR.</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barnett Law Firm</u>		<u>4/10/10</u>	\$ <u>300.00</u>
Mailing Address <u>601 S. State St</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee John Enfinger

Reporting period Jan 1, 2010 through April 30, 2010

# ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>The Crowley Law Firm</u>	<u>4/10/10</u>	<u>\$ 250.00</u>
Mailing Address <u>964 N. Jefferson St</u>	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code <u>JACKSON, MS 39202</u>	<u>__/__/__</u>	<u>\$</u>
Name of Employer (Required)	<u>__/__/__</u>	<u>\$</u>
Occupation (Required)	Aggregate year-to-date	<u>\$</u>

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Kingsley &amp; Associates</u>	<u>4/10/10</u>	<u>\$ 250.00</u>
Mailing Address <u>PO Box 33</u>	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code <u>JACKSON, MS 39205</u>	<u>__/__/__</u>	<u>\$</u>
Name of Employer (Required)	<u>__/__/__</u>	<u>\$</u>
Occupation (Required)	Aggregate year-to-date	<u>\$</u>

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Cynthia Stewart, PA</u>	<u>4/9/10</u>	<u>\$ 250</u>
Mailing Address <u>2088 MAIN St. Suite A</u>	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code <u>MADISON, MS 39110</u>	<u>__/__/__</u>	<u>\$</u>
Name of Employer (Required)	<u>__/__/__</u>	<u>\$</u>
Occupation (Required)	Aggregate year-to-date	<u>\$</u>

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Cynthia Speetjens, PA</u>	<u>4/9/10</u>	<u>\$ 250</u>
Mailing Address <u>2088 MAIN St., Suite A</u>	<u>__/__/__</u>	<u>\$</u>
City, State, Zip Code <u>MADISON, MS 39110</u>	<u>__/__/__</u>	<u>\$</u>
Name of Employer (Required)	<u>__/__/__</u>	<u>\$</u>
Occupation (Required)	Aggregate year-to-date	<u>\$</u>

Name of Candidate or Committee John Emfinger  
 Reporting period JAN. 1, 2010 through April 30, 2010

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Judson Lee, PLLC</u>		<u>4/9/10</u>	\$ <u>250.00</u>
Mailing Address <u>2088 MAIN ST. Suite A</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>MADISON, MS 39110</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Arthur Hamis</u>		<u>4/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 2332</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>MADISON, MS 39110</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>  </u>		<u>  /  /  </u>	\$
Mailing Address <u>  </u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>  </u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>  </u>		<u>  /  /  </u>	\$
Mailing Address <u>  </u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>  </u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

John Emfinger

Reporting period

JAN. 1, 2010

through

April 30, 2010

Page

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of

1

## ITEMIZED DISBURSEMENTS

A. Full name

DAVE Stepro/Neosynk, LLC

Mailing Address

PO Box 5236

City, State, Zip Code

Brandon, MS 39047

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

4/28/10

Amount of each  
disbursement this period

\$1650.00

Aggregate  
Year-to-date

\$

B. Full name

MAGNOLIA Labels

Mailing Address

7380 I55 S

City, State, Zip Code

Bryant, MS 39272

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

4/7/10

Amount of each  
disbursement this period

\$316.19

Aggregate  
Year-to-date

\$

C. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
disbursement this period

\$

Aggregate  
Year-to-date

\$

D. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
disbursement this period

\$

Aggregate  
Year-to-date

\$

E. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
disbursement this period

\$

Aggregate  
Year-to-date

\$

F. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
disbursement this period

\$

Aggregate  
Year-to-date

\$





1225 North State Street Jackson, MS 39202 [www.mbhs.com](http://www.mbhs.com)



# BAPTIST CANCER SERVICES FAX COVER SHEET

DATE: 5-10-10  
TO: Sec of State FROM: Mary Ann Hoxby  
FAX #: (601)-359-1499 FAX #: (601) 968-1218

Number of pages transmitted including cover sheet: 8

Comments: Please see Attached.

If all pages were not received, please call (601) ~~968-1416~~ 601. 973. 1583

## CONFIDENTIALITY NOTICE

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5/10/10

TO: Secretary of State  
Elections Division

601-359-1499

601-576-2819

From: MARY ANN HAUG  
Committee to elect John Emfinger  
601-942-0122 - cell

Please find Report of Receipts & Disbursements  
for John Emfinger Judicial Campaign. Contact  
me if you have questions. Thank you.

